Hepatitis B-related membranous nephropathy should be treated with a specific anti-viral agent

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To the Editor: We thank the comments by Ng *et al.*[1] on our report of lamivudine for treating hepatitis B-related membranous nephropathy in subjects with proteinuria exceeding 3 g/day, elevated alanine aminotransferase, and detectable circulating hepatitis B virus DNA levels.[2] We disagree that only patients who do not remit after 1 year of supportive therapy should be treated with lamivudine. Although the spontaneous remission rate was 25% (three out of 12 control patients), the more important point is that 60% of patients who received lamivudine went into complete remission by 1 year. Furthermore, of the five subjects who developed end-stage renal disease in the control group, one (20%) patient required renal replacement therapy only after 8 months of disease onset. Indeed, one of the lessons from contemporary clinical trials is that residual albuminuria at month 6 is a strong marker of renal outcome.[3] The detrimental effect of albuminuria in intra-renal inflammation and subsequently fibrosis is also supported by ample experimental data.[4] With such contemporary knowledge and the availability of an effective yet relatively harmless anti-viral agent, it seems unethical to delay unremitting subjects for 1 year before contemplating specific therapy.

Although we agree lamivudine resistance will eventually emerge with extended usage, we cannot agree that maintenance of lamivudine should only last 4–6 months, as illustrated by the patient who developed disease relapse shortly after discontinuation of lamivudine that was given for 2 years.

We reiterate that lamivudine improves renal outcome, and should be considered for patients with documented hepatitis B-related membranous nephropathy and evidence of liver disease. Randomized studies with long-term follow-up data are needed to validate this notion.

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2. Tang S, Lai FM, Lui YH *et al.* Lamivudine in hepatitis B-associated membranous nephropathy. *Kidney Int* 2005; **68**: 1750–1758.
3. de Zeeuw D, Remuzzi G, Parving HH *et al.* Proteinuria, a target for renoprotection in patients with type 2 diabetic nephropathy: lessons from RENAAL. *Kidney Int* 2004; **65**: 2309–2320.
4. Tang S, Leung JC, Abe K *et al.* Albumin stimulates interleukin-8 expression in proximal tubular epithelial cells *in vitro* and *in vivo*. *J Clin Invest* 2003; **111**: 515–527.

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